

20-8386



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

POSITIVE RECALL

EFFECTIVE 8/10/10 AUTH SAV

RELEASED 10 DATE 20-8-11

D3144-3

Job Sheet 212122

Part No: D3144-3

Job Qty: 2 pcs

Part Name: Doubler



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 8/10/20

Job Tracking No:

Due Date: 8/11/20

Created By: Jennifer Renwick

Type: SOLD

Description: ASAP!

Note: DWG REV C SHEET 1 IPP Rev:A 11.03.30 now made in house DD ver:EC

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation           | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|---------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                     |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 100   | Waterjet - Flow - 1 | 2 pcs | 8/10/20    | 8/10/20  | 0.17      | 0.25    | Waterjet - Flow       |           | on 20/08/10 |
| 110   | QC 2                | 2 pcs | 8/10/20    | 8/10/20  | 0.00      | 0.00    | QC 2 - 1              |           |             |
|       |                     |       |            |          |           |         | QC 2 - 12             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 14             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 17             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 19             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 2              |           |             |
|       |                     |       |            |          |           |         | QC 2 - 20             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 22             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 23             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 25             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 32             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 33             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 35             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 39             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 4              |           |             |
|       |                     |       |            |          |           |         | QC 2 - 40             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 44             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 45             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 48             |           | on 20/08/10 |
|       |                     |       |            |          |           |         | QC 2 - 49             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 50             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 51             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 52             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 57             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 62             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 63             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 8              |           |             |
|       |                     |       |            |          |           |         | QC 2 - 66             |           |             |
|       |                     |       |            |          |           |         | QC 2 - 64             |           |             |

Plex 8/10/20 11:23 AM Dart.Renwick.Jennife

P.T.O.

|     |                                |     |         |           |                           |
|-----|--------------------------------|-----|---------|-----------|---------------------------|
|     |                                |     |         | QC 2 - 65 |                           |
|     |                                |     |         | QC 2 - 5  |                           |
|     |                                |     |         | QC 2 - 71 |                           |
|     |                                |     |         | QC 2 - 73 |                           |
|     |                                |     |         | QC 2 - 69 |                           |
|     |                                |     |         | QC 2 - 76 |                           |
|     |                                |     |         | QC 2 - 86 |                           |
|     |                                |     |         | QC 2 - 83 |                           |
| 120 | QC 8                           | 2   | 8/10/20 | 0.00 0.00 | QC 8 - 12                 |
|     |                                | pcs |         |           | QC 8 - 14                 |
|     |                                |     |         |           | QC 8 - 17                 |
|     |                                |     |         |           | QC 8 - 20                 |
|     |                                |     |         |           | QC 8 - 25                 |
|     |                                |     |         |           | QC 8 - 3                  |
|     |                                |     |         |           | QC 8 - 32                 |
|     |                                |     |         |           | QC 8 - 33                 |
|     |                                |     |         |           | QC 8 - 35                 |
|     |                                |     |         |           | QC 8 - 39                 |
|     |                                |     |         |           | QC 8 - 4                  |
|     |                                |     |         |           | QC 8 - 44                 |
|     |                                |     |         |           | QC 8 - 45                 |
|     |                                |     |         |           | QC 8 - 49                 |
|     |                                |     |         |           | QC 8 - 58                 |
|     |                                |     |         |           | QC 8 - 8                  |
|     |                                |     |         |           | QC 8 - 9                  |
|     |                                |     |         |           | QC 8 - 68                 |
|     |                                |     |         |           | QC 8 - 67                 |
|     |                                |     |         |           | QC 8 - 1 (A)              |
|     |                                |     |         |           | QC 8 - 47                 |
|     |                                |     |         |           | QC 8 - 40                 |
|     |                                |     |         |           | QC 8 - 52                 |
|     |                                |     |         |           | QC 8 - 23                 |
|     |                                |     |         |           | QC 8 - 57                 |
|     |                                |     |         |           | QC 8 - 76                 |
|     |                                |     |         |           | QC 8 - 61                 |
|     |                                |     |         |           | QC 8 - 66                 |
|     |                                |     |         |           | QC 8 - 73                 |
|     |                                |     |         |           | QC 8 - 82                 |
| 140 | Handfinish - 1-1 Chemical- B4B | 2   | 8/10/20 | 0.00 0.11 | Handfinish - 1 - 1 - B4B  |
|     |                                | pcs |         |           | Handfinish - 1 - 2 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 3 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 4 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 5 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 6 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 7 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 8 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 9 - B4B  |
|     |                                |     |         |           | Handfinish - 1 - 10 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 11 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 12 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 13 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 14 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 15 - B4B |
|     |                                |     |         |           | Handfinish - 1 - 16 -     |

DAS  
AUG 11 2020 40  
9-89

[https://www.plexonline.com/DA539B8B-257D-4897-9A5D-4DE3ECD6D772/Plexus\\_Control/Report\\_Viewer\\_2.asp?URL=https://www.plexonline.com/D...](https://www.plexonline.com/DA539B8B-257D-4897-9A5D-4DE3ECD6D772/Plexus_Control/Report_Viewer_2.asp?URL=https://www.plexonline.com/D...) 3/4

*Not used per SD 20-08-18 SMY 20/08/18*

|                        |             |
|------------------------|-------------|
| Packaging 3 - 13 - B4B |             |
| Packaging 3 - 14 - B4B |             |
| Packaging 3 - 15 - B4B |             |
| Packaging 3 - 16 - B4B |             |
| Packaging 3 - 17 - B4B |             |
| Packaging 3 - 18 - B4B |             |
| Packaging 3 - 19 - B4B |             |
| Packaging 3 - 20 - B4B |             |
| Packaging 3 - 21 - B4B |             |
| Packaging 3 - 22 - B4B |             |
| Packaging 3 - 23 - B4B |             |
| Packaging 3 - 24 - B4B | DAS 21      |
| Packaging 3 - 25 - B4B | 9-89        |
| Packaging 3 - 26 - B4B | AUG 18 2020 |
| Packaging 3 - 37 - B4B | DAS 21      |
| QC 21 - SA - 21        | 9-89        |
| QC 21 - SA - 70        |             |
| QC 21 - SA - 9         | AUG 18 2020 |
| QC 21 - SA - 77        |             |

180 QC 21 - SA 2 pcs 8/11/20 0.00 0.00

Part Op 100 - 1-Cut as per Dwg Dwg Rev: *C-cost* Prog Rev: *C-cost* 2-Deburr if necessary

Descriptions: 110 - QC2- Inspect parts off machine FAI/FAIB  
 120 - QC8- Inspect parts - second check  
 140 - Chemical Conversion Coat per QSI005 4.1  
 150 - Black Sandtex (Ref:4.3.5.7) per QSI005 4.3 START TIME: *8:00* M156440 OVEN TEMPERATURE: *320°*  
 FINISH TIME: *8:50*  
 160 - QC3- Inspect Part Finish  
 170 - Identify as per dwg & Stock Location: Location : CA2  
 180 - QC21- Final Inspection - Work Order Release

| Job BOM                              |                    |                    |                         |           |
|--------------------------------------|--------------------|--------------------|-------------------------|-----------|
| Part / Item                          | Component Name     | Quantity           | Operation               | Container |
| M2024T3S.032<br>DAS 44 20.08.10 .080 | 2024-T3 .032 Sheet | .4240 sf (.212 ea) | 100-Waterjet - Flow - 1 | S101799   |

| Job Allocations         |                |          |           |           |
|-------------------------|----------------|----------|-----------|-----------|
| Operation               | Component Part | Required | Inventory | Allocated |
| 100-Waterjet - Flow - 1 | M2024T3S.032   | 0        | 73        | 0         |

| Part Specifications |             |                                |                  |          |                  |
|---------------------|-------------|--------------------------------|------------------|----------|------------------|
| Spec No             | Description | Target/Tolerance               | Limits           | Type     | Special Comments |
| 1                   | Doubler     | 0.129inches + 0.005<br>- 0.001 | 0.134<br>0.128   | Diameter | <i>130</i>       |
| 2                   | Doubler     | 0.400inches ± 0.030            | 0.430<br>0.370   |          | <i>.455</i>      |
| 3                   | Doubler     | 28.500inches ± 0.030           | 28.530<br>28.470 |          | <i>28.50</i>     |
| 4                   | Doubler     | 0.032inches ± 0.010            | 0.042<br>0.022   |          | <i>.079</i>      |

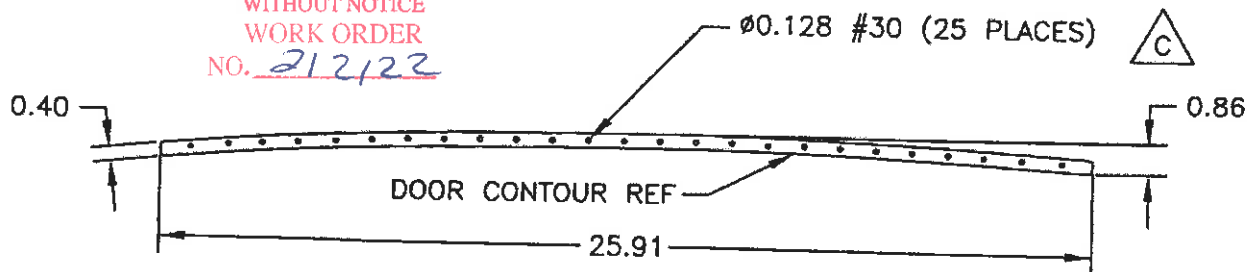
Plex 8/10/20 11:23 AM Dart.Renwick.Jennifer



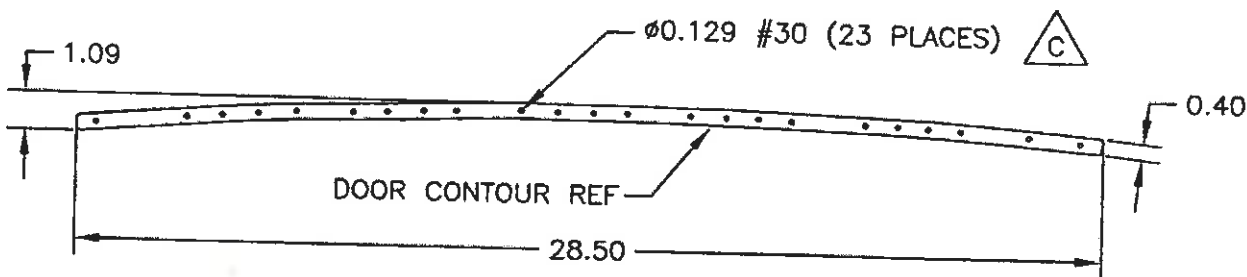
RELEASED

05.11.14

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 212122



**D3144-1 DOUBLER (FOR D412-694-03)**  
REPLACES PREMIER P/N B30-23000-191



**D3144-3 DOUBLER (FOR D412-694-01)**  
REPLACES PREMIER P/N B30-23000-193

**D3144-1/-3 NOTES:**

- 1) MATERIAL: 2024-T3 SHEET (QQ-A-250/4) 0.032 THICK (REF DART SPEC M2024T3S.032)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT BLACK SANDTEX (4.3.5.7) PER DART QSI 005 4.3
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 6) MACHINE PER DRAWING "D3144-C1.DWG"

| DESIGN  | RF       | DRAWN BY                                                      | RF      | DART AEROSPACE LTD          |
|---------|----------|---------------------------------------------------------------|---------|-----------------------------|
| CHECKED |          | APPROVED                                                      |         | HAWKESBURY, ONTARIO, CANADA |
| DATE    | 05.10.19 | TITLE                                                         | DOUBLER | REV. C                      |
| A       | 02.04.22 | NEW ISSUE                                                     |         | SHEET 1 OF 9                |
| B       | 04.09.17 | ADDED D3144-105/-107/-109/-111/-115/-121/-123; MODIFY D3144-1 |         | SCALE                       |
| C       | 05.10.19 | ADD D3144-15; Ø0.129 WAS Ø0.098                               |         | 1:5                         |



**Container No: S293141**



**Part: D3144-3**

**Job No: 212122**

**Serial No/Batch: S293141**

**Revision:**

**Inspector:**

**Exp Date:**

**Instructions: Various STC's**

**Dart Aerospace Ltd.**  
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CANADA  
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Email: sales@dartaero.com  
www.dartaerospace.com

**Date: 09/10/20**

Entered: JK Date: AUG 27 2020



NCR No. 20-8386 **WORK ORDER NON-CONFORMANCE / ROUTE UPDATE**

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------|------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|--------------------------------------------------|-----------------------------------------|--|
| Job: <u>212122</u><br>Part No. <u>D3144-3</u>                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>DISPOSITION</b><br>Rework <input checked="" type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/> Cross tube <input type="checkbox"/> Eng. (Non-AW) <input type="checkbox"/> Engineering <input checked="" type="checkbox"/><br>Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Water Jet <input type="checkbox"/><br>Large Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier Quality <input type="checkbox"/> |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| Date: <u>AUG 11 2020</u>                                                                                                                                                                                                                                                                                                                                                                       |                                                          | Sequence #: <u>180</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | QTY Affected: <u>2082</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | MRB (QSI042)<br>DAS <u>51</u> <u>20/08/11</u><br>9-89                                                                                       |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| Description Work Order Deviation<br><u>Substitute material thickness to correspond to the spacedoor gap S/N 193543 and S/N 193545</u><br><u>was 0.032 is 0.080</u><br><u>Omit the FWD and AFT Hole's on Part</u>                                                                                                                                                                               |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Disposition<br><u>Acceptable</u><br><u>Please provide part to Eng</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By<br><u>20-08-11</u><br>Lead hand / Supervisor<br>DAS <u>40</u><br>9-89<br>AUG 11 2020<br>QC / QA Coordinator<br><u>20-08-11</u> |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input checked="" type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> Pressure/Forced</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Tolerance</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain Direction</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td> <td><input type="checkbox"/> Incomplete/Unclear Instructions</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Marks/Chatter</td> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Mislabeled</td> <td><input checked="" type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Off-set/Set-up</td> <td></td> </tr> </table> Other/Details: |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input checked="" type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Finish            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Part Lost/Missing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Misread           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Fit/Function         | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                                  |                                         |  |